



Hospital Management Practices and their Influence on Patient Satisfaction in Tertiary Care Facilities in Jeneponto Regency

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Abstract

This study explores the influence of hospital management practices on patient satisfaction in tertiary care facilities in Jeneponto Regency, Indonesia. It addresses the limited empirical evidence on how management decisions affect patient experiences in developing healthcare systems. Using a quantitative design, data were collected from 320 patients through surveys conducted across tertiary hospitals. The study analyzed the relationship between hospital management dimensions, including service efficiency, staff responsiveness, communication quality, and facility quality, using correlation and multiple regression techniques. The findings showed strong positive associations between all dimensions and patient satisfaction, with staff responsiveness and communication quality identified as the most influential factors. Although facility quality and service efficiency also contributed positively, their impacts were relatively smaller. The model explained 52 percent of the variance in patient satisfaction, emphasizing that management practices strongly influence healthcare outcomes. The study highlights both theoretical and practical implications, stressing the importance of improving responsiveness, strengthening communication, and building patient-centered cultures in hospitals. It concludes that patient satisfaction depends not only on infrastructure but also on effective managerial decisions and organizational behavior.

INTRODUCTION

Healthcare systems worldwide are experiencing unprecedented demand for high-quality services that are safe, efficient, and patient-centered. Patient satisfaction is widely recognized as a key indicator of healthcare quality because it reflects the degree to which services meet patients' expectations and needs (Wang et al., 2023; Gavurova et al., 2021; Kalaja, 2023). In the hospital context, satisfaction is not only an outcome but also a driver of trust, loyalty, and adherence to treatment, making it essential for both clinical effectiveness and organizational sustainability (Kalaja & Krasniqi, 2022). In Indonesia, patient satisfaction has become a central focus of health policy and hospital accreditation standards, as policymakers emphasize

improving service quality to meet national and international benchmarks (Endeshaw, 2021).

Hospital management practices, broadly defined, include administrative, operational, and clinical management systems that influence how care is delivered. These practices encompass service efficiency, staff responsiveness, communication quality, and the provision of adequate facilities. Evidence suggests that effective hospital management significantly contributes to patient satisfaction by improving both the technical quality of care and the interpersonal dimensions of the patient experience (Amporfro et al., 2021). Studies in Indonesia and abroad consistently demonstrate that responsiveness, communication, waiting times, and facility maintenance are among the strongest predictors of satisfaction in hospital settings (Tan et al., 2023).

The SERVQUAL framework, which emphasizes tangibility, reliability, responsiveness, assurance, and empathy, is frequently applied to assess service quality in healthcare (Chen et al., 2022). In hospital contexts, these dimensions are closely linked to management practices. For instance, reliability and responsiveness reflect efficiency and staff performance, while tangibility relates to facility quality. Numerous studies show that patient satisfaction increases when hospitals deliver consistent, timely, and empathetic care (Karimbux et al., 2023). Research in Indonesian hospitals further confirms that service quality dimensions exert significant effects on satisfaction, often mediated by trust and perceived value (Mandagi et al., 2024).

Total Quality Management (TQM) and other strategic management frameworks have also been introduced in healthcare to enhance organizational performance. In Indonesia, studies have shown that TQM practices improve patient safety culture and overall satisfaction by institutionalizing continuous quality improvement (Akthar et al., 2023). Similarly, operational strategies emphasizing competence, quality culture, and process efficiency are associated with higher levels of satisfaction (Omaghomi et al., 2024). These findings highlight that patient satisfaction is not an isolated outcome but the product of comprehensive and sustained management efforts.

Communication emerges as one of the most critical dimensions of hospital management. Effective communication between healthcare providers and patients reduces uncertainty, enhances trust, and improves perceived empathy (Mrabet et al., 2022). In emergency departments and tertiary care facilities, where patient stress levels are high, communication quality is strongly correlated with satisfaction (Aljarallah et al., 2023). Poor communication, conversely, is a leading cause of dissatisfaction and complaints in Indonesian hospitals.

In addition to communication, staff responsiveness is central to patient perceptions of service quality. Responsiveness, defined as the willingness and ability of staff to assist patients promptly, is consistently cited as a key determinant of satisfaction (Al Owad et al., 2022). Delays in service, long waiting times, and slow responses to patient concerns significantly reduce satisfaction, even when clinical outcomes are favorable (Abdelhadi & Shafiq, 2018). In Indonesian contexts, responsiveness has been shown to be a decisive factor, particularly in public hospitals where patient volumes are high (Radu et al., 2022).

The case of Jeneponto Regency provides an important context for analyzing hospital management practices. As a developing region in South Sulawesi, Jeneponto faces challenges related to healthcare access, infrastructure, and resource allocation. The main tertiary hospital, RSUD Lanto Dg. Pasewang, serves as the central referral hospital, providing emergency, inpatient, and specialized services. The hospital has articulated strategic goals to improve infrastructure, human resources, and

management systems in line with national policy (Emon et al., 2023). Yet anecdotal reports and local surveys suggest persistent patient dissatisfaction, particularly concerning waiting times, responsiveness, and communication. This mismatch between institutional goals and patient experiences highlights the importance of empirical analysis.

Furthermore, patient satisfaction in Jeneponto is influenced not only by hospital management but also by broader policy mechanisms. Initiatives such as the Jaminan Kesehatan Nasional (JKN) program and budget allocations from cigarette tax revenues have supported operational costs in local hospitals (Hasibuan, 2022). However, these external supports are effective only if hospital management practices translate resources into efficient, patient-centered service delivery. Therefore, evaluating how management practices influence satisfaction is essential for both local hospital leadership and regional policymakers.

Previous studies in other Indonesian regions confirm that management practices directly affect patient experiences. For example, research in Manado found that TQM significantly enhanced satisfaction in private hospitals (Abass et al., 2021), while studies in Jakarta showed that waiting times, accessibility, and administrative efficiency were strongly correlated with satisfaction (Rahman et al., 2023). However, there remains limited empirical evidence from Jeneponto Regency, particularly concerning tertiary care facilities where demand is high and resources are stretched.

Against this background, the present study aims to analyze the influence of hospital management practices on patient satisfaction in tertiary care facilities in Jeneponto Regency. By focusing on service efficiency, staff responsiveness, communication, and facility quality, this research addresses a critical gap in the literature while providing evidence-based recommendations for local health policy and hospital management. Ultimately, the study seeks to contribute to improving patient-centered care in Jeneponto and to strengthen the empirical foundation for hospital management strategies in Indonesia more broadly.

METHODS

Research Design

This study employed a quantitative research design using a cross-sectional survey approach. The quantitative method was chosen because it allowed the measurement of relationships between hospital management practices and patient satisfaction in a systematic and objective manner. By distributing structured questionnaires, data were collected in numerical form, which enabled statistical analysis of the degree and significance of influence between independent and dependent variables. The cross-sectional nature of the design ensured that data reflected patient experiences at a specific point in time, making it suitable for assessing hospital performance and patient perceptions in tertiary care facilities in Jeneponto Regency.

Research Location and Population

The research was conducted in tertiary care facilities located in Jeneponto Regency, South Sulawesi, with the main focus on RSUD Lanto Dg. Pasewang, the central referral hospital in the region. This hospital was selected because it represents the highest level of care available locally and provides a wide range of services, including emergency, inpatient, and specialized treatment. The study population consisted of patients who had received services in the hospital within the three months prior to data collection. Inclusion criteria were patients aged 17 years or older, who were able to understand and respond to the questionnaire, and who had received either inpatient or outpatient services. Patients in critical condition or those unwilling to participate were excluded from the study.

Sample and Sampling Technique

The sample size was determined using Slovin's formula with a margin of error of 5%, based on the estimated number of patients receiving services in the hospital during the study period. From this calculation, a minimum of 200 respondents was established as the representative sample. To ensure fair representation across different service units, a stratified random sampling technique was applied. Patients were proportionally selected from inpatient wards, outpatient clinics, and emergency services, ensuring that the perspectives of various groups of hospital users were adequately represented in the final dataset. This approach reduced sampling bias and improved the generalizability of findings.

Research Variables and Measurement

The study examined two main variables: hospital management practices as the independent variable and patient satisfaction as the dependent variable. Hospital management practices were measured across four dimensions: service efficiency, staff responsiveness, communication quality, and facility quality. Each dimension was operationalized into multiple items measured on a five-point Likert scale ranging from 1 ("strongly disagree") to 5 ("strongly agree"). Patient satisfaction was measured through indicators such as overall satisfaction with services, willingness to return to the hospital, and likelihood of recommending the hospital to others, also using the five-point Likert scale. This measurement approach allowed the conversion of abstract concepts into quantifiable data suitable for statistical analysis.

Data Collection

Data were collected over a four-week period through self-administered questionnaires distributed directly to patients. For inpatient respondents, the questionnaires were distributed before discharge to capture their impressions of care received during hospitalization. For outpatient and emergency respondents, data collection was conducted after their treatment had concluded to ensure accuracy of recall. To minimize nonresponse, trained research assistants guided participants in completing the questionnaires when necessary, while ensuring that responses remained confidential and unbiased. Ethical considerations were carefully observed, with informed consent obtained from all respondents prior to participation.

Instrument Validity and Reliability

Before formal data collection, a pilot test was conducted with 30 patients from a similar hospital outside the study area to evaluate the clarity, validity, and reliability of the questionnaire items. Construct validity was confirmed through expert review by hospital management professionals and academics in healthcare management, ensuring that the items accurately represented the constructs under study. Reliability testing using Cronbach's alpha demonstrated high internal consistency, with coefficients exceeding 0.70 for all dimensions, indicating that the instrument was reliable for measuring hospital management practices and patient satisfaction.

Data Analysis

The collected data were coded and processed using the Statistical Package for the Social Sciences (SPSS). Descriptive statistics, including frequency distributions, means, and standard deviations, were used to summarize the demographic characteristics of respondents and to describe the general level of patient satisfaction. Inferential analysis was carried out using Pearson's correlation to test the strength and direction of relationships between hospital management practices and patient satisfaction. Furthermore, multiple regression analysis was employed to assess the influence of the four dimensions of hospital management practices on patient satisfaction simultaneously. A significance level of 0.05 was applied to

determine whether the relationships were statistically significant. This analytical approach provided robust evidence regarding which management practices most strongly influenced patient satisfaction.

RESULTS AND DISCUSSION

This chapter presents the findings of the study, analyzing the relationship between hospital management practices and patient satisfaction in the tertiary care facilities in Jeneponto Regency, South Sulawesi. The results of the study are organized into the following sub-sections: descriptive statistics, correlation analysis, regression analysis, and discussion of findings.

Descriptive Statistics

Table 1. Demographic Profile and Service Distribution of Study Respondents (N = 320)

Category	Description / Classification	Frequency (n)	Percentage (%)
Age Group	30–50 years	—	Majority
Gender	Male	144	45%
	Female	176	55%
Type of Service Used	Outpatient	192	60%
	Inpatient	128	40%
Hospital / Location	RSUD Lanto Dg. Pasewang, Jeneponto	320	100%
Survey Focus Areas	Service efficiency	—	—
	Staff responsiveness	—	—
	Communication quality	—	—
	Facility quality	—	—

The sample for this study consisted of 320 patients from various tertiary care facilities in Jeneponto Regency, specifically from the RSUD Lanto Dg. Pasewang hospital. The respondents were divided across various service units, ensuring diverse representation. The demographic breakdown revealed that the majority of respondents were between the ages of 30 and 50, with a slight predominance of females (55%) over males (45%). Most of the participants had visited the hospital for outpatient services (60%), while 40% were inpatient respondents. The survey also aimed to capture their satisfaction levels based on several key management practices: service efficiency, staff responsiveness, communication quality, and facility quality.

Correlation Analysis

A Pearson correlation analysis was conducted to explore the strength and direction of the relationships between the four hospital management practices and patient satisfaction. The results from this analysis are summarized in Table 1.

Table 2. Correlation Analysis between Hospital Management Practices and Patient Satisfaction

Variables	Service Efficiency	Staff Responsiveness	Communication Quality	Facility Quality	Patient Satisfaction
Service Efficiency	1.00	0.62	0.59	0.55	0.64
Staff Responsiveness	0.62	1.00	0.67	0.61	0.71
Communication Quality	0.59	0.67	1.00	0.63	0.68
Facility Quality	0.55	0.61	0.63	1.00	0.60

Patient Satisfaction	0.64	0.71	0.68	0.60	1.00
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The results indicate strong positive correlations between all dimensions of hospital management practices and patient satisfaction. The highest correlation was found between staff responsiveness and patient satisfaction ($r = 0.71$, $p < 0.01$), suggesting that patients valued timely and attentive service most strongly. Communication quality ($r = 0.68$, $p < 0.01$) also demonstrated a high correlation, reflecting the importance of effective interaction between staff and patients. Facility quality, while positively correlated ($r = 0.60$, $p < 0.01$), showed the weakest relationship, indicating that although physical infrastructure is important, interpersonal and operational aspects exert greater influence.

Regression Analysis

Multiple regression analysis was performed to assess the influence of the four dimensions of hospital management practices on patient satisfaction. The results, presented in Table 2, demonstrate that all dimensions of hospital management had a significant impact on patient satisfaction.

Table 3. Multiple Regression Results

Variable	Unstandardized B	Standardized Beta	t-value	Sig. (p-value)
Constant	1.05	–	3.12	0.002
Service Efficiency	0.28	0.25	5.45	0.000
Staff Responsiveness	0.35	0.33	6.12	0.000
Communication Quality	0.31	0.30	5.87	0.000
Facility Quality	0.22	0.20	4.02	0.001

The regression analysis revealed that all four hospital management dimensions significantly influenced patient satisfaction ($p < 0.05$). The adjusted R^2 value of 0.51 indicates that 51% of the variance in patient satisfaction could be explained by the model. Among the predictors, staff responsiveness ($\beta = 0.33$, $p < 0.001$) emerged as the strongest predictor, followed by communication quality ($\beta = 0.30$, $p < 0.001$). This suggests that interpersonal aspects of hospital management carry more weight in shaping patient satisfaction than facility quality ($\beta = 0.20$, $p = 0.001$).

Table 3. Model Summary

R	R Square	Adjusted R Square	Std. Error of Estimate
0.72	0.52	0.51	0.45

The regression model showed a strong relationship ($R = 0.72$) between hospital management practices and patient satisfaction. The R^2 value (0.52) suggests that hospital management practices explained just over half of the variability in patient satisfaction. The remaining 48% may be explained by other factors outside the scope of this study, such as personal patient characteristics, cultural expectations, or external policy factors.



Figure 1. Correlation Heatmap of Hospital Management Practices and Patient Satisfaction

The heatmap visually reinforces the results of the correlation table, with darker shades indicating stronger associations. The strongest areas of association are between staff responsiveness and patient satisfaction, as well as communication quality and patient satisfaction, highlighting these dimensions as the most influential in shaping patient perceptions.

The findings of this study underscore the inextricable link between hospital management practices and patient satisfaction, demonstrating how managerial decisions at the operational, administrative, and human-resource levels reverberate into patients' lived experiences. Within the management field, this relationship validates longstanding arguments that organizational systems are not neutral but constitutive of service outcomes (Aguilera et al., 2024; Konrad et al., 2024). The implication for tertiary healthcare in Jeneponito is that satisfaction is not an accidental byproduct of medical interventions but a deliberate managerial construct, shaped by the alignment of efficiency, responsiveness, communication, and infrastructure. This aligns with the broader management literature, which has consistently shown that service organizations create value primarily through processes and human interactions rather than tangible products (Chen & Thapa, 2025).

The strength of staff responsiveness and communication quality as predictors of satisfaction suggests that patient-centered care cannot be separated from managerial attention to human resource management. Hospitals, like other complex service organizations, depend heavily on frontline employees whose behavior signals institutional competence and care (Carvalho et al., 2023). The implication here is that management must go beyond structural efficiency to cultivate a service-oriented culture, where responsiveness is institutionalized through training, incentives, and accountability mechanisms. This resonates with findings from Matthews et al. (2022), who emphasized that in healthcare, managerial attention to communication systems often matters more than technological sophistication in shaping patient experience.

Equally important, the strong role of communication challenges prevailing managerial assumptions that infrastructure investments alone can drive satisfaction. While facility quality contributed to patient satisfaction, it was not the strongest predictor, echoing evidence from Amin et al. (2024), who argue that patients often prioritize interpersonal care over physical resources. This highlights a

managerial paradox: while large-scale infrastructure spending is politically attractive and often necessary, it is the comparatively inexpensive managerial practices of communication, empathy, and responsiveness that often yield greater satisfaction gains (Sethi et al., 2025).

The implications also extend to performance measurement in hospital management. Traditional metrics bed occupancy rates, throughput times, or financial balance sheets capture operational efficiency but miss patient-centered dimensions (Inthavong et al., 2023). The present findings lend weight to calls for balanced scorecards that integrate patient satisfaction as a critical outcome alongside financial and clinical indicators (Soomro et al., 2025). This is not simply a matter of accountability but also of strategic advantage: as Khan et al. (2025) demonstrate, satisfied patients are more likely to return, comply with treatments, and recommend services, thereby reinforcing hospital legitimacy and sustainability.

From a governance perspective, the evidence from Jeneponto illustrates how decentralized healthcare systems in Indonesia create both opportunities and vulnerabilities in management practice. Studies by Kristof et al. (2023) note that decentralization allows local managers greater flexibility but also exposes uneven capacities in governance. Our findings that staff responsiveness and communication outweigh facility quality in shaping satisfaction suggest that governance frameworks should prioritize managerial capacity-building and human resource policies over purely capital expenditures. This has direct policy resonance for Indonesia, where local governments often equate health sector improvements with new buildings rather than managerial reform (Chaudhry et al., 2024).

Theoretically, this study contributes to the evolving discourse on service management by extending the SERVQUAL logic into the specific realities of tertiary healthcare in developing regions. Scholars such as Bankins et al. (2024) have long debated whether service quality perceptions should be treated as universal constructs or context-specific. Our findings support a contextualized interpretation: while tangibility remains relevant, the social fabric of Jeneponto places heightened importance on responsiveness and communication. This aligns with Hofstede's (2001) cultural dimensions framework, which suggests that in collectivist societies, interpersonal trust and relational dynamics are more influential than technical resources. Hence, management theories imported from Western settings must be critically adapted to local socio-cultural contexts (Ingram et al., 2023).

Another implication emerges for leadership within hospital management. The evidence suggests that transformational leadership, with its emphasis on communication, inspiration, and responsiveness, may be better suited to improve patient satisfaction than transactional approaches focused on efficiency metrics (McCamby & Colyvas, 2023). Studies in healthcare confirm that leaders who model empathy and responsiveness cascade these values throughout the organization, shaping frontline behavior (Shaukat et al., 2022). For Jeneponto's tertiary hospitals, leadership development programs that emphasize relational skills may therefore yield disproportionate gains in satisfaction.

Our findings also challenge the assumption that satisfaction is a secondary or "soft" outcome compared to clinical effectiveness. We argue persuasively that patient experience is a core dimension of quality, not an add-on. In fact, management practices that elevate responsiveness and communication indirectly contribute to better clinical outcomes by improving adherence, reducing conflicts, and fostering trust. Therefore, patient satisfaction must be repositioned in management discourse not as a peripheral concern but as a central strategic goal with direct implications for hospital legitimacy, safety, and efficiency (Russo, 2021; Oliveira et al., 2024).

The Jeneponto case underscores the urgency of embedding continuous quality improvement mechanisms within hospital management. Kharitonova et al. (2025) argument that “quality is made in the boardroom” resonates here: without sustained managerial attention, temporary gains in satisfaction will dissipate. Studies by Demastus & Landrum (2024) show that hospitals that institutionalize continuous feedback loops, patient surveys, and managerial responsiveness outperform those that treat satisfaction as episodic. The managerial challenge, therefore, is not only to recognize the determinants of satisfaction but also to operationalize them into durable systems of governance, training, and accountability.

CONCLUSION

The evidence from this study demonstrates that hospital management practices exert a decisive influence on patient satisfaction in tertiary care facilities in Jeneponto, with staff responsiveness and communication quality emerging as the most critical determinants compared to infrastructure and efficiency. This finding underscores that effective healthcare management is not simply a matter of resource allocation or structural expansion, but of embedding responsive human resource policies, relational competence, and patient-centered systems within hospital governance. For management scholarship, the study affirms that patient satisfaction should be treated as a strategic performance outcome that reflects the quality of managerial decisions and organizational culture rather than a secondary byproduct of medical interventions. Practically, the results call for hospital leaders and policymakers to recalibrate their priorities toward cultivating service-oriented cultures, continuous feedback systems, and leadership models that emphasize empathy and responsiveness, recognizing that sustainable improvements in patient satisfaction depend on managerial innovation as much as on clinical excellence.

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